

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004905

Entity Name: MDVIP, INC.

FILED  
Sep 25, 2007  
Secretary of State

## Current Principal Place of Business:

6001 BROKEN SOUND PARKWAY, NW  
SUITE 100  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

6001 BROKEN SOUND PARKWAY, NW  
SUITE 100  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 36-4464609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENGELHARDT, DARIN  
6001 BROKEN SOUND PARKWAY, NW  
SUITE 100  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

HASHEM, MATTHEW  
6001 BROKEN SOUND PARKWAY, NW  
SUITE 100  
BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATTHEW HASHEM

09/25/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCHR ( ) Delete  
Name: GELLER, STEVE  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

Title: DPCE ( ) Delete  
Name: GOLDMAN, EDWARD M.D.  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

Title: DCFO ( ) Delete  
Name: ENGELHARDT, DARIN S  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

Title: SEVP ( ) Delete  
Name: RIPPS, ANDREW  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

Title: EVPT ( ) Delete  
Name: COHEN, STEVEN M  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

Title: COO ( ) Delete  
Name: TIDIKIS, FRANK  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HASHEM, MATTHEW  
Address: 6001 BROKEN SOUND PARKWAY, NW, SUITE 100  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW HASHEM

CFO

09/25/2007

Electronic Signature of Signing Officer or Director

Date